

ACTUAL FINANCIAL DATA
AMBULANCE REVENUE and COST REPORT
GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: Rural/Metro Corporation (Pima) CON No. 55

D.B.A. (Doing Business As): Rural/Metro Ambulance - Pima Business Phone: 928-445-3814

Financial Records Address: 8465 N Pima Rd City: Scottsdale Zip Code: 85258

Mailing Address (If Different): _____ City: _____ Zip Code: _____

Owner / Manager: COO - Glenn Kasprzyk

Report Contact Person: COO - Glenn Kasprzyk Business Phone: 928-445-3814 Ext. _____

Report for Period From: From: January 1, 2015 To: December 31, 2015

Method of Valuing Inventory: LIFO: _____ FIFO: (X) Other (Explain): _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.
American Medical Response, Inc., Envision Healthcare Holdings, Inc.

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: Regional Operations and Finance Officer Date: June 30, 2016

Mail to:

Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

STATISTICAL SUPPORT DATA

| Line No. | DESCRIPTION | (1) SUBSCRIPTION SERVICE TRANSPORTS | (2)** TRANSPORTS UNDER CONTRACT | (3) TRANSPORTS NOT UNDER CONTRACT | (4) TOTALS |
|-------------|---------------------------------------|--|--|--|------------------|
| 1 | Number of ALS Billable Transports: | | 165 | 9,008 | 9,172 |
| 2 | Number of BLS Billable Transports: | | 86 | 4,730 | 4,817 |
| 3 | Number of Loaded Billable Miles: | | 2,023 | 110,723 | 112,746 |
| 4 | Waiting Time (Hr. & Min.): | | | - | 0 |
| 5 | Canceled (Non-Billable) Runs: | | | 4,456 | 4,456 |
| | | | | | Number |
| | Volunteer Services: (OPTIONAL) | | | | Donated Hours |
| 6 | Paramedic and IEMT | | | | 0 |
| 7 | Emergency Medical Technician - B | | | | 0 |
| 8 | Other Ambulance Attendants | | | | 0 |
| 9 | Total Volunteer Hours | | | | 0 |

** This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATISTICAL SUPPORT DATA

| Line No. | Type of Service | (1) SUBSIDIZED PATIENTS | (2) NON- SUBSIDIZED PATIENTS | (3) TOTALS |
|----------|------------------------------------|-------------------------------|---------------------------------------|--------------------------|
| 1 | Number of ALS Billable Transports: | _____ | 9,172 | 9,172 |
| 2 | Number of BLS Billable Transports: | _____ | 4,817 | 4,817 |
| 3 | Number of Loaded Billable Miles: | _____ | 112,746 | 112,746 |
| 4 | Waiting Time (Hr. & Min.): | _____ | - | 0 |
| 5 | Canceled (Non-Billable) Runs: | _____ | 4,456 | 4,456 |
| | | | | Number |

Volunteer Services: (OPTIONAL)

| | | Donated Hours |
|---|--|--------------------------|
| 6 | Paramedic and IEMT | 0 |
| 7 | Emergency Medical Technician - B | 0 |
| 8 | Other Ambulance Attendants | 0 |
| 9 | Total Volunteer Hours | 0 |

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF INCOME

| Line No. | DESCRIPTION | FROM | |
|--------------------------------------|---|---|----------------|
| Operating Revenues: | | | |
| 1 | Ambulance Service Routine Operating Revenue | Page 3, Line 10 & Page 3.1, Line 10 | \$ 18,661,082 |
| Less: | | | |
| 2 | AHCCCS Settlement | Page 3.1, Line 11 | 3,741,709 |
| 3 | Medicare Settlement | Page 3.1, Line 12 | 3,973,842 |
| 4 | Contractual Discounts | Page 7, Line 22 | 70,066 |
| 5 | Subscription Service Settlement | Page 8, Line 4 | 0 |
| 6 | Other (Non-Transport Reserve) | Page 3.1, Line 13 | 1,240 |
| 7 | Total | Sum of Lines 2 through 6 | 7,786,857 |
| 8 | Net Revenue from Ambulance Runs | Line 1, minus Line 7 | 10,874,225 |
| 9 | Sales of Subscription Service Contracts | Page 8, Line 8 | 32,375 |
| 10 | Total Operating Revenue | Line 8, plus Line 9 | \$ 10,906,600 |
| Ambulance Operating Expenses: | | | |
| 11 | Bad Debt (Includes Subscription Services Bad Debt) | | 3,715,555 |
| 12 | Wages, Payroll Taxes, and Employee Benefits | Page 4, Line 22 | 3,879,024 |
| 13 | General and Administrative Expenses | Page 5, Line 20 | 1,111,879 |
| 14 | Cost of Goods Sold | Page 3, Line 15 | 241,340 |
| 15 | Other Operating Expense | Page 6, Line 28 | 558,773 |
| 16 | Interest Expense (Attach Schedule IV) | Page 14, Line 28, Column 4 & 5 | 130,734 |
| 17 | Subscription Service Direct Selling | Page 8, Line 23 | 0 |
| 18 | Total Operating Expense | Sum of Lines 11 through 17 | 9,637,305 |
| 19 | Ambulance Service Income (Loss) | Line 10, minus Line 18 | 1,269,295 |
| Other Revenue / Expenses: | | | |
| 20 | Other Operating Revenue and Expense | Page 9, Line 17 | 1,687 |
| 21 | Non-Operating Revenue and Expense | | |
| 22 | Non-Deductible Expenses (Attach Schedule) | | |
| 23 | Total Other Revenues / Expenses | Sum of Lines 20 & 21 | 1,687 |
| 24 | Ambulance Service Income (Loss) - Before Income Taxes | Sum of Line 19, plus Line 23 | 1,270,982 |
| Provision for Income Taxes: | | | |
| 25 | Federal Income Tax | | 444,844 |
| 26 | State Income Tax | | 63,549 |
| 27 | Total Income Tax | Lines 25, plus Line 26 | 508,393 |
| 28 | Ambulance Service Net Income (Loss) | Line 24, minus Line 27 | 762,589 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

| | | | | | | | |
|----|---|------|--------|-------------------------|---------|----|---------------|
| 1 | ALS Base Rate Amount | Rate | \$ (a) | x No. of Runs | 9,172 | = | \$ 10,942,284 |
| | | Rate | | x No. of Runs | | = | 0 |
| 2 | BLS Base Rate Amount | Rate | (a) | x No. of Runs | 4,817 | = | 5,143,612 |
| | | Rate | | x No. of Runs | | = | 0 |
| 3 | Mileage Rate Amount | Rate | (a) | x No. of Billable Miles | 112,746 | = | 2,324,082 |
| | | Rate | | x No. of Billable Miles | | = | 0 |
| 4 | Waiting Charge Amount | Rate | (a) | x No. of Hours | - | = | 534 |
| | | Rate | | x No. of Hours | | = | 0 |
| 5 | Medical Supplies (Gross Charges to patients) | | | | | | 250,590 |
| 6 | Nurses Charges | | | | | | 0 |
| 7 | Total | | | | | | 18,661,082 |
| 8 | Standby Revenue (Attach Schedule) | | | | | | 0 |
| 9 | Other Ambulance Service Revenue (Attach Schedule) | | | | | | 0 |
| 10 | Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1) | | | | | \$ | 18,661,082 |

Cost of Goods Sold: (Medical Supplies)

| | | | |
|----|---|--|--------------|
| 11 | Inventory at Beginning of Year | | N/A |
| 12 | Plus Purchases | | |
| 13 | Plus Other Costs | | |
| 14 | Less Inventory at End of Year | | N/A |
| 15 | Cost of Goods Sold (To Page 2, Line 14) | | \$ 241,340 * |

* The disposable medical supplies are expensed as used and not inventoried by CON

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

| Line No. | DESCRIPTION | SUBSIDIZED PATIENTS | NON-SUBSIDIZED PATIENTS | TOTALS |
|--|---|---------------------|-------------------------|---------------|
| AMBULANCE SERVICE OPERATING REVENUE | | | | |
| 1 | ALS Base Rate | \$ | 10,942,284 | \$ 10,942,284 |
| 2 | BLS Base Rate | | 5,143,612 | 5,143,612 |
| 3 | Mileage Charge | | 2,324,062 | 2,324,062 |
| 4 | Waiting Charge | | 534 | 534 |
| 5 | Medical Supplies (Gross Charges) | | 250,590 | 250,590 |
| 6 | Nurses' Charges | | 0 | 0 |
| 7 | Total | \$ | 18,661,082 | \$ 18,661,082 |
| Plus: | | | | |
| 8 | Standby Revenue (Attach Schedule) | | | 0 |
| 9 | Other Ambulance Service Revenue (Attach Schedule) | | | 0 |
| 10 | Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1) | | | \$ 18,661,082 |
| Less: | | | | |
| 11 | AHCCCS Settlement (Post total to Pg 2, Line 2) | \$ | 3,741,709 | \$ 3,741,709 |
| 12 | Medicare Settlement (Post total to Pg 2, Line 3) | | 3,973,842 | 3,973,842 |
| 13 | Subsidy (Post total to Pg 2, Line 6) | | | 0 |
| 14 | Other: Non-Transport Reserve (Attach Schedule) | | 1,240 | 1,240 |
| 15 | Total Settlements (Post to Pg 2, Line 7) | \$ 0 | \$ 7,716,791 | \$ 7,716,791 |

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

| Line No. | DESCRIPTION | | No. of *F.T.E. | AMOUNT |
|-------------|--|---|-------------------|--------------|
| | OFFICERS / OWNERS | (Attach Schedule 1, Wage Category; Pg 10, Line 7) | | |
| 1 | Gross Wages | ..... | 0.0 | \$ 0 |
| 2 | Payroll Taxes | ..... |  | 0 |
| 3 | Employee Fringe Benefits | ..... |  | 0 |
| 4 | Total | ..... | 0.0 | 0 |
| | MANAGEMENT | (Attach Schedule II, Wage Detail; Pg 11) | | |
| 5 | Gross Wages | ..... | 0.0 | 0 |
| 6 | Payroll Taxes | ..... |  | 0 |
| 7 | Employee Fringe Benefits | ..... |  | 0 |
| 8 | Total | ..... | 0.0 | 0 |
| | AMBULANCE PERSONNEL | (Attach Schedule II, Wage Detail; Pg 11) | | |
| | Gross Wages | | | |
| 9 | Paramedics and IEMT | \$ - \$ 1,945,753 | 47.4 | 1,945,753 |
| 10 | Emergency Medical Technician (EMT) | ..... | 38.3 | 1,153,912 |
| 11 | Nurses | ..... | 0.0 | 0 |
| 12 | Payroll Taxes | ..... |  | 233,554 |
| 13 | Employee Fringe Benefits | ..... |  | 545,804 |
| 14 | Total | ..... | 85.8 | 3,879,024 |
| | OTHER PERSONNEL | (Attach Schedule II, Wage Detail; Pg 11) | | |
| | Gross Wages | | | |
| 15 | Dispatch | ..... | 0.0 | 0 |
| 16 | Mechanics | ..... | 0.0 | 0 |
| 17 | Office and Clerical | ..... | 0.0 | 0 |
| 18 | Other | ..... | 0.0 | 0 |
| 19 | Payroll Taxes | ..... |  | 0 |
| 20 | Employee Fringe Benefits | ..... |  | 0 |
| 21 | Total | ..... | 0.0 | 0 |
| 22 | Total F.T.E., Wages, Payroll Taxes, & Employee Benefits | (Post to Pg 2, line 12) | 85.8 | \$ 3,879,024 |

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD FROM: January 1, 2015

TO: December 31, 2015

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

| Line No. | DESCRIPTION | | (1) No. of *F.T.E. | (2) Total Expenditure | (3) Allocation Percentage | (4) Ambulance Amount |
|----------------------------|--|----------------------------|--------------------------|-----------------------------|---------------------------------|----------------------------|
| MANAGEMENT | | | | | | |
| 1 | Gross Wages | (Attach Schedule II) | 0.0 | 0 | 100% | 0 |
| 2 | Payroll Taxes | | | 0 | 100% | 0 |
| 3 | Employee Fringe Benefits | | | 0 | 100% | 0 |
| 4 | Total | | 0.0 | 0 | | 0 |
| AMBULANCE PERSONNEL | | | | | | |
| | | ** Contractual | | | | |
| | Gross Wages | (Attach Schedule II) Labor | | | | |
| 5 | Paramedics and IEMT | \$ | 47.4 | 1,945,753 | 100% | 1,945,753 |
| 6 | Emergency Medical Technician (EMT) | | 38.3 | 1,153,912 | 100% | 1,153,912 |
| 7 | Nurses | | - | 0 | 100% | 0 |
| 8 | Drivers | | | | 100% | 0 |
| 9 | Payroll Taxes | | | 233,554 | 100% | 233,554 |
| 10 | Employee Fringe Benefits | | | 545,804 | 100% | 545,804 |
| 11 | Total | | 85.8 | 3,879,024 | | 3,879,024 |
| OTHER PERSONNEL | | | | | | |
| | Gross Wages | (Attach Schedule II) | | | | |
| 12 | Dispatch | | - | 0 | 100% | 0 |
| 13 | Mechanics | | - | 0 | 100% | 0 |
| 14 | Office and Clerical | | - | 0 | 100% | 0 |
| 15 | Other | | - | 0 | 100% | 0 |
| 16 | Payroll Taxes | | | 0 | 100% | 0 |
| 17 | Employee Fringe Benefits | | | 0 | 100% | 0 |
| 18 | Total | | - | 0 | | 0 |
| 19 | TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS | (Post to Pg 2, line 12) | 85.8 | 3,879,024 | | \$ 3,879,024 |

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

| Line No. | <u>DESCRIPTION</u> | <u>Basis of Allocations</u> |
|-------------|--|--|
| 1 | Gross Wages - MANAGEMENT | <u>All personnel are 100% dedicated to ambulance services.</u> |
| 2 | Payroll Taxes | <u>100% ambulance services.</u> |
| 3 | Employee Fringe Benefits | <u>100% ambulance services.</u> |
| 4 | Total | <u>100% ambulance services.</u> |
| | | |
| | | Contractual Wages |
| | Gross Wages - AMBULANCE PERSONNEL | |
| 5 | Paramedics and IEMT | <u>100% ambulance services.</u> |
| 6 | Emergency Medical Technician (EMT) | <u>100% ambulance services.</u> |
| 7 | Nurses | <u>100% ambulance services.</u> |
| 8 | Drivers | <u>100% ambulance services.</u> |
| 9 | Payroll Taxes | <u>100% ambulance services.</u> |
| 10 | Employee Fringe Benefits | <u>100% ambulance services.</u> |
| 11 | Total | <u>100% ambulance services.</u> |
| | | |
| | Gross Wages - OTHER PERSONNEL | |
| 12 | Dispatch | <u>100% ambulance services.</u> |
| 13 | Mechanics | <u>100% ambulance services.</u> |
| 14 | Office and Clerical | <u>100% ambulance services.</u> |
| 15 | Other | <u>100% ambulance services.</u> |
| 16 | Payroll Taxes | <u>100% ambulance services.</u> |
| 17 | Employee Fringe Benefits | <u>100% ambulance services.</u> |
| 18 | Total | <u>100% ambulance services.</u> |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES

| Line No. | DESCRIPTION | | |
|--|--|---------------------------|--------------|
| Professional Service: | | | |
| 1 | Legal Fees | \$ | - |
| 2 | Collection Fees | | 282,237 |
| 3 | Accounting and Auditing | | - |
| 4 | Data Processing Fees | | - |
| 5 | Other (Attach Schedule) | | 374 |
| 6 | Total | | \$ 282,611 |
| Travel and Entertainment: | | | |
| 7 | Meals and Entertainment | | 300 |
| 8 | Transportation - Other Company Vehicles | | - |
| 9 | Travel | | - |
| 10 | Other (Attach Schedule) | | - |
| 11 | Total | | 300 |
| Other General and Administrative: | | | |
| 12 | Office Supplies | | 109 |
| 13 | Postage | | 167 |
| 14 | Telephone | | 12,428 |
| 15 | Advertising | | - |
| 16 | Professional Liability Insurance | | (14,292) |
| 17 | Dues and Subscriptions | | - |
| 18 | Other (Attach Schedule) | | 830,554 |
| 19 | Total | | 828,967 |
| 20 | Total General and Administrative Expenses | (Post to Page 2, Line 13) | \$ 1,111,879 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE SUPPORTING DETAIL

| Line No. | DESCRIPTION | | |
|--|---------------------------------------|----|---------|
| Professional Service Other: | | | |
| 1 | Management Consulting | \$ | - |
| 2 | Medical Director | | - |
| 3 | 911 contract administration | | - |
| 4 | Temp Staffing | | - |
| 5 | First Responder Fees | | - |
| 6 | Other Professional Fees | | 374 |
| 7 | Total | | \$ 374 |
| Travel and Entertainment Other: | | | |
| 8 | Other T&E | | - |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | Total | | 0 |
| Other General and Administrative: | | | |
| 13 | Public Relations | | - |
| 14 | Printing | | 1,150 |
| 15 | Contributions | | - |
| 16 | Bank Charges | | - |
| 17 | Business Licenses & Misc taxes | | 1,677 |
| 18 | Misc G&A | | 3,529 |
| 19 | Corporate & Regional Overhead Support | | 824,198 |
| 20 | Total | | 830,554 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

| Line No. | DESCRIPTION | (1) Total Expenditure | (2) Allocation Percentage | (3) Ambulance Amount |
|--|--|-----------------------------|---------------------------------|----------------------------|
| Professional Service: | | | | |
| 1 | Legal Fees | \$ 0 | 100% | \$ 0 |
| 2 | Collection Fees | 282,237 | 100% | 282,237 |
| 3 | Accounting and Auditing | 0 | 100% | 0 |
| 4 | Data Processing Fees | 0 | 100% | 0 |
| 5 | Other (Attach Schedule) | 374 | 100% | 374 |
| 6 | Total | 282,611 | | 282,611 |
| Travel and Entertainment: | | | | |
| 7 | Meals and Entertainment | 300 | 100% | 300 |
| 8 | Transportation - Other Company Vehicles | 0 | 100% | 0 |
| 9 | Travel | 0 | 100% | 0 |
| 10 | Other (Attach Schedule) | 0 | 100% | 0 |
| 11 | Total | 300 | | 300 |
| Other General and Administrative: | | | | |
| 12 | Office Supplies | 109 | 100% | 109 |
| 13 | Postage | 167 | 100% | 167 |
| 14 | Telephone | 12,428 | 100% | 12,428 |
| 15 | Advertising | 0 | 100% | 0 |
| 16 | Professional Liability Insurance | (14,292) | 100% | (14,292) |
| 17 | Dues and Subscriptions | 0 | 100% | 0 |
| 18 | Other (Attach Schedule) | 830,554 | 100% | 830,554 |
| 19 | Total | 828,967 | | 828,967 |
| 20 | Total General and Administrative Expenses (Post to Page 2, Line 13) | \$ 1,111,879 | | 1,111,879 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

| <u>Line No.</u> | <u>DESCRIPTION</u> | <u>Basis of Allocation</u> |
|--|---|----------------------------|
| Professional Service: | | |
| 1 | Legal Fees | 100% Ambulance Services |
| 2 | Collection Fees | 100% Ambulance Services |
| 3 | Accounting and Auditing | 100% Ambulance Services |
| 4 | Data Processing Fees | 100% Ambulance Services |
| 5 | Other (Attach Schedule) | 100% Ambulance Services |
| 6 | Total | |
| Travel and Entertainment: | | |
| 7 | Meals and Entertainment | 100% Ambulance Services |
| 8 | Transportation - Other Company Vehicles | 100% Ambulance Services |
| 9 | Travel | 100% Ambulance Services |
| 10 | Other (Attach Schedule) | 100% Ambulance Services |
| 11 | Total | |
| Other General and Administrative: | | |
| 12 | Office Supplies | 100% Ambulance Services |
| 13 | Postage | 100% Ambulance Services |
| 14 | Telephone | 100% Ambulance Services |
| 15 | Advertising | 100% Ambulance Services |
| 16 | Professional Liability Insurance | 100% Ambulance Services |
| 17 | Dues and Subscriptions | 100% Ambulance Services |
| 18 | Other (Attach Schedule) | 100% Ambulance Services |
| 19 | Total | |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

| | | | |
|---|--|------------------------------------|-----------|
| 1 | Depreciation (Attach Schedule III) | (From Pg 13, Line 20, Col I) | \$ 65,468 |
| 2 | Amortization | | 0 |
| 3 | Total | | \$ 65,468 |

| | | | |
|---|------------------------------------|------------------------------------|--------|
| 4 | Rent / Lease (Attach Schedule III) | (From Pg 13, Line 20, Col K) | 77,836 |
|---|------------------------------------|------------------------------------|--------|

Building / Station Expense:

| | | | |
|----|--------------------------------------|--|--------|
| 5 | Building and Cleaning Supplies | | 1,615 |
| 6 | Utilities | | 46,572 |
| 7 | Property Taxes | | 4,598 |
| 8 | Property Insurance | | 0 |
| 9 | Repairs and Maintenance | | 26,603 |
| 10 | Other (Attach Schedule) | | 0 |
| 11 | Total | | 79,388 |

Vehicle Expense - Ambulance Units:

| | | | |
|----|---|--|---------|
| 12 | License / Registration | | 5,671 |
| 13 | Fuel | | 100,914 |
| 14 | General Vehicle Service and Maintenance | | 120,703 |
| 15 | Major Repairs | | 0 |
| 16 | Insurance - Service Vehicles | | 45,230 |
| 17 | Other (Attach Schedule) | | 11,707 |
| 18 | Total | | 284,225 |

Other Expenses:

| | | | |
|----|--|---------------------------------|-------------------|
| 19 | Dispatch | | 0 |
| 20 | Education / Training | | 0 |
| 21 | Uniforms and Uniform Cleaning | | 19,414 |
| 22 | Meals and Travel for Ambulance personnel | | 0 |
| 23 | Maintenance Contracts | | 16,037 |
| 24 | Minor Equipment - Not Capitalized | | 5,169 |
| 25 | Ambulance Supplies - Nonchargeable | | 0 |
| 26 | Other (Attach Schedule) | | 11,235 |
| 27 | Total | | 51,856 |
| 28 | Total Other Operating Expenses | (Post to Page 2, Line 15) | \$ 558,773 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

OTHER OPERATING EXPENSES SUPPORTING DETAIL

Line
No. DESCRIPTION

Building / Station Expense Other:

| | | | |
|---|---------------------------------|-------|----------|
| 1 | Other building/station expenses | ..... | <u>0</u> |
| 2 |  | ..... |  |
| 3 |  | ..... |  |
| 4 |  | ..... |  |
| 5 |  | ..... |  |
| 6 |  | ..... |  |
| 7 | Total | ..... | <u>0</u> |

Vehicle Expense - Ambulance Units Other:

| | | | |
|----|-------|-------|---------------|
| 8 | Tires | ..... | <u>11,707</u> |
| 9 |  | ..... |  |
| 10 |  | ..... |  |
| 11 |  | ..... |  |
| 12 |  | ..... |  |
| 13 |  | ..... |  |
| 14 | Total | ..... | <u>11,707</u> |

Other Expenses:

| | | | |
|----|-----------------|-------|---------------|
| 15 | Medical Testing | | <u>11,235</u> |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | Total | | <u>11,235</u> |

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BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

ALLOCATION of OTHER OPERATING EXPENSES

| Line No. | DESCRIPTION | (1) Total Expenditure | (2) Allocation Percentage | (3) Ambulance Amount |
|---|---|-----------------------------|---------------------------------|----------------------------|
| Depreciation and Amortization: | | | | |
| 1 | Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I) | \$ 65,468 | 100% | \$ 65,468 |
| 2 | Amortization | 0 | 100% | 0 |
| 3 | Total | 65,468 | | 65,468 |
| 4 | Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K) | 77,836 | 100% | 77,836 |
| Building / Station Expense: | | | | |
| 5 | Building and Cleaning Supplies | 1,615 | 100% | 1,615 |
| 6 | Utilities | 46,572 | 100% | 46,572 |
| 7 | Property Taxes | 4,598 | 100% | 4,598 |
| 8 | Property Insurance | 0 | 100% | 0 |
| 9 | Repairs and Maintenance | 26,603 | 100% | 26,603 |
| 10 | Other (Attach Schedule) | 0 | 100% | 0 |
| 11 | Total | 79,388 | | 79,388 |
| Vehicle Expense - Ambulance Units: | | | | |
| 12 | License / Registration | 5,671 | 100% | 5,671 |
| 13 | Fuel | 100,914 | 100% | 100,914 |
| 14 | General Vehicle Service and Maintenance | 120,703 | 100% | 120,703 |
| 15 | Major Repairs | 0 | 100% | 0 |
| 16 | Insurance - Service Vehicles | 45,230 | 100% | 45,230 |
| 17 | Other (Attach Schedule) | 11,707 | 100% | 11,707 |
| 18 | Total | 284,225 | | 284,225 |
| Other Expenses: | | | | |
| 19 | Dispatch | 0 | 100% | 0 |
| 20 | Education / Training | 0 | 100% | 0 |
| 21 | Uniforms and Uniform Cleaning | 19,414 | 100% | 19,414 |
| 22 | Meals and Travel - Ambulance Personnel | 0 | 100% | 0 |
| 23 | Maintenance Contracts | 16,037 | 100% | 16,037 |
| 24 | Minor Equipment - Not Capitalized | 5,169 | 100% | 5,169 |
| 25 | Ambulance Supplies - Nonchargeable | 0 | 100% | 0 |
| 26 | Other (Attach Schedule) | 11,235 | 100% | 11,235 |
| 27 | Total | 51,856 | | 51,856 |
| 28 | Total Other Operating Expenses (Post to Page 2, Line 15) .. | \$ 558,773 | | \$ 558,773 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS of ALLOCATION OF OTHER EXPENSES

| <u>Line No.</u> | <u>DESCRIPTION</u> | <u>Basis of Allocation</u> |
|---|--|----------------------------|
| Depreciation and Amortization: | | |
| 1 | Depreciation | 100% Ambulance Services |
| 2 | Amortization | 100% Ambulance Services |
| 3 | Total | 100% Ambulance Services |
| 4 | Rent / Lease | 100% Ambulance Services |
| Building / Station Expense: | | |
| 5 | Building and Cleaning Supplies | 100% Ambulance Services |
| 6 | Utilities | 100% Ambulance Services |
| 7 | Property Taxes | 100% Ambulance Services |
| 8 | Property Insurance | 100% Ambulance Services |
| 9 | Repairs and Maintenance | 100% Ambulance Services |
| 10 | Other | 100% Ambulance Services |
| 11 | Total | 100% Ambulance Services |
| Vehicle Expense - Ambulance Units: | | |
| 12 | License / Registration | 100% Ambulance Services |
| 13 | Fuel | 100% Ambulance Services |
| 14 | General Vehicle Service and Maintenance | 100% Ambulance Services |
| 15 | Major Repairs | 100% Ambulance Services |
| 16 | Insurance - Service Vehicles | 100% Ambulance Services |
| 17 | Other | 100% Ambulance Services |
| 18 | Total | 100% Ambulance Services |
| Other Expenses: | | |
| 19 | Dispatch | 100% Ambulance Services |
| 20 | Education / Training | 100% Ambulance Services |
| 21 | Uniforms and Uniform Cleaning | 100% Ambulance Services |
| 22 | Meals and Travel for Ambulance personnel | 100% Ambulance Services |
| 23 | Maintenance Contracts | 100% Ambulance Services |
| 24 | Minor Equipment - Not Capitalized | 100% Ambulance Services |
| 25 | Ambulance Supplies - Nonchargeable | 100% Ambulance Services |
| 26 | Other (Attach Schedule) | 100% Ambulance Services |
| 27 | Total | 100% Ambulance Services |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

DETAIL OF CONTRACTUAL ALLOWANCES

| <u>Line No.</u> | <u>Name of Contracting Entity</u> | <u>Total Billable Runs</u> | <u>Gross Billing</u> | <u>Percent Discount</u> | <u>Allowance</u> |
|-----------------|--|----------------------------|----------------------|-------------------------|------------------|
| 1 | AIR AMBULANCE FORUM DBA ONE CALL MEDICAL TRANS | 1 | \$ 1,211 | 30% | \$ 363 |
| 2 | BLUE CROSS BLUE SHIELD OF ARIZONA | 1 | \$ (1,112) | 30% | \$ (334) |
| 3 | CASA DE LA LUZ HOSPICE LLC | 1 | \$ 197 | 30% | \$ 59 |
| 4 | CIGNA | 1 | \$ 992 | 30% | \$ 298 |
| 5 | CORNERSTONE HOSPITAL OF SOUTHEAST ARIZONA | 24 | \$ 29,817 | 30% | \$ 8,945 |
| 6 | HEALTHSOUTH REHABILITATION HOSPITAL OF SOUTHE | 1 | \$ 1,171 | 30% | \$ 351 |
| 7 | HEALTHSOUTH REHABILITATION INSTITUTE OF TUCSON | 6 | \$ 6,903 | 30% | \$ 2,071 |
| 8 | KINDRED HOSPITAL - TUCSON | 4 | \$ 4,745 | 30% | \$ 1,423 |
| 9 | NORTHWEST HOSPITAL LLC DBA NORTHWEST MEDICAL | 18 | \$ 17,982 | 30% | \$ 5,395 |
| 10 | SMSJ TUCSON HOLDINGS LLC DBA ST MARYS HOSPITAL | 40 | \$ 47,029 | 30% | \$ 14,109 |
| 11 | SOUTHERN ARIZONA VA HEALTH CARE SYSTEM - TRAVE | 56 | \$ 35,777 | 30% | \$ 10,733 |
| 12 | SOUTHERN ARIZONA VA HEALTH CARE SYSTEM - TRAVE | 54 | \$ 38,708 | 30% | \$ 11,612 |
| 13 | TMC HEALTHCARE DBA TUCSON MEDICAL CENTER | 44 | \$ 50,133 | 30% | \$ 15,040 |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | (Post Total to Page 2, Line 4) | 251 | \$ 233,553 | | \$ 70,066 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015 TO: December 31, 2015

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

| Line No. | Description | |
|--|---|----------|
| 1 | Billings at Fully Established Rate | \$ |
| <u>Less:</u> | | |
| 2 | AHCCCS Settlement | \$ |
| 3 | Medicare Settlement ..... | ..... |
| 4 | Subscription Service Settlement (Post to Pg 2, Line 5) ... | ..... |
| 5 | Subscription Service Bad Debt ..... | ..... |
| 6 | Total | 0 |
| <u>Plus:</u> | | |
| 7 | Net Revenue from Subscription Service Runs ..... | ..... |
| 8 | Sales of Subscription Service (Post to Pg 2, Line 9) | 32,375 |
| 9 | Other Revenue (attach schedule) ..... | ..... |
| 10 | Total Subscription Service Revenue (total of Lines 7, 8 and 9) | 32,375 |
| Direct Expenses Incurred Selling Subscription Contracts | | |
| 11 | Salaries / Wages ..... | ..... |
| 12 | Payroll Taxes ..... | ..... |
| 13 | Employee Fringe Benefits ..... | ..... |
| 14 | Professional Services ..... | ..... |
| 15 | Contract Labor ..... | ..... |
| 16 | Travel ..... | ..... |
| 17 | Other General & Administrative Expenses ..... | ..... |
| 18 | Depreciation / Amortization ..... | ..... |
| 19 | Rent / Lease ..... | ..... |
| 20 | Building / Station Expense ..... | ..... |
| 21 | Transportation / Vehicles ..... | ..... |
| 22 | Other: (attach schedule) | |
| 23 | Total Subscription Service Expenses (Post to Pg 2, Line 17) | \$ 0 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING REVENUES & EXPENSES

| Line No. | Description | |
|----------------------------------|---|-----------------|
| Other Operating Revenues: | | |
| 1 | Supportive Funding - Local (attach schedule) | \$ |
| 2 | Grant Funds - State (attach schedule) ..... | ..... |
| 3 | Grant Funds - Federal (attach schedule) ..... | ..... |
| 4 | Grant Funds - Other (attach schedule) ..... | ..... |
| 5 | Patient Finance Charges ..... | ..... |
| 6 | Patient Late Payment Charges ..... | ..... |
| 7 | Interest Earned - Related Person / Organization ..... | ..... |
| 8 | Interest Earned - Other ..... | ..... |
| 9 | Gain on Sale of Operating Property ..... | ..... |
| 10 | Other: <u>Interest Income & Misc Revenue</u> | <u>1,406</u> |
| 11 | Other: ..... | ..... |
| 12 | Total Other Operating Revenues | \$ <u>1,406</u> |
| Other Operating Expenses: | | |
| 13 | Loss on Sale of Operating Property | <u>(281)</u> |
| 14 | Other: | <u>0</u> |
| 15 | Other: | <u>0</u> |
| 16 | Total Other Operating Expenses | <u>(281)</u> |
| 17 | Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20) | \$ <u>1,687</u> |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)
 FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule I DETAIL OF SALARIES / WAGES Officers / Owners

| Line No. | Name | Title | % of Ownership | Management | *FTE | CEP IEMT EMT | *FTE | OFFICE | *FTE | OTHER | *FTE | WAGES PAID TO OWNERS | *FTE |
|----------|-------|-------|----------------|------------|------|--------------|------|--------|------|-------|------|----------------------|------|
| 1 | | | | \$ | | \$ | | \$ | | | | \$ | 0.0 |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | TOTAL | | | \$ | | \$ | | \$ | | | | \$ | 0.0 |

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule II
DETAIL of SALARIES / WAGES
Management, Ambulance Personnel, Other Personnel

| Line No. | <u>Detail of Salaries / Wages - Other Than Officers / Owners</u> | | | |
|----------|---|--|-------------|---------------------|
| 1 | MANAGEMENT: | | | |
| | Certification and / or Title | Scheduled Shifts (no. of hours worked each week) | Hourly Wage | Annual Salary |
| | | | | \$ Per Run or Shift |
| | Various Local Management | 40 Hours/Week | x | x |
| | Various Regional Management | 40 Hours/Week | x | x |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 | AMBULANCE PERSONNEL: | | | |
| | Paramedic | 56/48/40 hours/week | x | |
| | EMT | 56/48/40 hours/week | x | |
| | Nurse | 56/48/40 hours/week | x | |
| | | | | |
| | | | | |
| | | | | |
| 3 | OTHER PERSONNEL: | | | |
| | Various Support Staff | 40 Hours/Week | x | x |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO:

December 31, 2015

Schedule III

DEPRECIATION and/or RENT / LEASE EXPENSE AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

| Line No. | A Description of Property | B Date Placed in Service | C Cost or Other Basis ** | D Business Use Percent | E Basis for Depreciation | F Method "Straight line" Depreciation | G Recovery Period (in years) | H Depreciation Prior Years | I Current Year Depreciation | J Remaining Basis | K Rent / Lease Amounts * |
|----------|------------------------------|-----------------------------|-----------------------------|---------------------------|-----------------------------|--|---------------------------------|-------------------------------|--------------------------------|----------------------|-----------------------------|
| 1 | Vehicle Rental | | | 100% | | | | | | | |
| 2 | Equipment Rental | | | 100% | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | Ambulances | Various | \$ 99,325 | 100% | \$ 99,325 | SL | Various | - | \$ 51,660 | 90,417 | |
| 5 | Ambulance Equipment | Various | \$ 6,822 | 100% | \$ 6,822 | SL | Various | - | \$ 12,248 | 6,216 | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | SUBTOTAL | | | | | | | | | | \$ 23,292 |

Post to Pg 13, Line 19, Column I

Post to Pg 13, Line 19, Column K

* Complete Description of property, date placed in service, and rent/lease amount only.
** Fixed assets revalued as of October 2015 acquisition

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Prima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
ALL OTHER ITEMS

| Line No. | A Description of Property | B Date Placed in Service | C Cost or Other Basis** | D Business Use Percent | E Basis for Depreciation | F Method "straight line" Depreciation | G Recovery Period (in years) | H Depreciation Prior Years | I Current Year Depreciation | J Remaining Basis | K Rent / Lease Amounts * |
|----------|--------------------------------|-----------------------------|----------------------------|---------------------------|-----------------------------|--|---------------------------------|-------------------------------|--------------------------------|----------------------|-----------------------------|
| 1 | Rented Real Estate | | | 100% | | | | | | | \$ 54,544 |
| 2 | | | | | | | | | | | |
| 3 | Other Vehicles | Various | \$ - | 100% | \$ - | SL | Various | \$ - | \$ - | \$ - | |
| 4 | Non-Vehicle Fixed Assets | Various | \$ 64,070 | 100% | \$ 64,070 | SL | Various | \$ - | \$ 1,559 | \$ 62,230 | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | SUBTOTAL above | | | | | | | | | | |
| 19 | SUBTOTAL from Page 12, Line 20 | | | | | | | | | | |
| | | | | | | | | | \$ 1,559 | \$ 62,230 | \$ 54,544 |
| | | | | | | | | | \$ 63,908 | \$ 96,634 | \$ 23,282 |
| | | | | | | | | | Post from Pg 12, Line 20 | | |
| | | | | | | | | | Column I | | |
| 20 | SUM of Line 18 & 19 | | | | | | | | | | |
| | | | | | | | | | \$ 55,468 | \$ 159,924 | \$ 77,836 |
| | | | | | | | | | Post to Pg 12, Line 20 | | |
| | | | | | | | | | Column K | | |

* Complete Description of property, date placed in service, and rent/lease amount only.
** Fixed assets revalued as of October 2015 acquisition

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

Schedule IV DETAIL OF INTEREST

| Line No. | Description | (1) Interest Rate | (2) Principal Balance | | (4) Interest Expense | | (5) |
|-------------|--|-------------------------|--------------------------|------------------|-------------------------------------|-------|---------|
| | | | Beginning of Period | End of Period | Related Persons or Organizations | Other | |
| | Service Vehicles & Accessorial Equipment Name of Payee: | | | | | | |
| 1 | | % \$ | \$ | \$ | \$ | \$ | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| | Communication Equipment Name of Payee: | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| | Other Property and Equipment Name of Payee: | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| | Working Capital Name of Payee: | | | | | | |
| 11 | Various - Consolidated Financials | Various | In Corp Balances | | | | 130,734 |
| 12 | | | | | | | |
| 13 | | | | | | | |
| | Other Name of Payee: | | | | | | |
| 14 | | % | | | | | |
| 15 | TOTAL | | \$ 0 | \$ 0 | \$ 0 | \$ 0 | 130,734 |

Post totals of Column 4 & 5 to Pg 2, Line 16

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BALANCE SHEET

ASSETS

CURRENT ASSETS

| | | | | |
|----|---------------------------------------|--|----|---------------------|
| 1 | Cash | | \$ | |
| 2 | Accounts Receivable: NET | | | 1,389,039 |
| 3 | Less: Allowance for Doubtful Accounts | | | |
| 4 | Inventory | | | 51,250 |
| 5 | Prepaid Expenses | | | |
| 6 | Other Current Assets | | | |
| 7 | TOTAL CURRENT ASSETS | | | \$ 1,440,289 |
| 9 | PROPERTY & EQUIPMENT: NET | | | 158,924 |
| 10 | Less: Accumulated Depreciation | | | |
| 11 | OTHER NON CURRENT ASSETS | | | |
| 12 | TOTAL ASSETS | | | \$ 1,599,213 |

LIABILITIES & EQUITY

CURRENT LIABILITIES

| | | | | |
|----|-----------------------------------|--|----|-------------------|
| 13 | Accounts Payable | | \$ | 147,287 |
| 14 | Current Portion of Notes Payable | | | |
| 15 | Current Portion of Long-Term Debt | | | |
| 16 | Deferred Subscription Income | | | |
| 17 | Accrued Expenses and Other | | | 54,442 |
| 18 | | | | |
| 19 | | | | |
| 20 | TOTAL CURRENT LIABILITIES | | | \$ 201,729 |
| 21 | NOTES PAYABLE | | | |
| 22 | LONG-TERM DEBT OTHER | | | 96,331 |
| 23 | TOTAL LONG-TERM DEBT | | | 96,331 |

EQUITY & OTHER CREDITS

Paid-In Capital:

| | | | | |
|----|--|--|--|---------------------|
| 24 | Common Stock | | | |
| 25 | Paid-In Capital in Excess of Par Value | | | |
| 26 | Contributed Capital | | | |
| 27 | Retained Earnings | | | |
| 28 | Net Investment | | | 1,301,153 |
| 29 | | | | |
| 30 | Fund Balance | | | |
| 31 | TOTAL EQUITY | | | 1,301,153 |
| 32 | TOTAL LIABILITIES & EQUITY | | | \$ 1,599,213 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:

| | | | |
|----|--|------------|--------------|
| 1 | Net (loss) Income | \$ 762,589 | |
| | <i>Adjustments to Reconcile Net Income to Net Cash</i> | | |
| | <i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow | | |
| 2 | Depreciation Expense | 65,468 | |
| 3 | Deferred Income Tax | | |
| 4 | Loss (gain) on Disposal of Property & Equipment | (281) | |
| | <i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow | | |
| 5 | Accounts Receivable | 1,028,235 | |
| 6 | Inventories | (14,080) | |
| 7 | Prepaid Expenses | | |
| | <i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow | | |
| 8 | Accounts Payable | 32,114 | |
| 9 | Accrued Expenses and Other | (126,171) | |
| 10 | Deferred Subscription Income | | |
| 11 | NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES | | \$ 1,747,874 |

INVESTING ACTIVITIES:

| | | | |
|----|--|----------|----------|
| 12 | Purchases of Property & Equipment | (63,735) | |
| 13 | Proceeds from Disposal of Property & Equipment | | |
| 14 | Purchases of Investments | | |
| 15 | Proceeds from Disposal of Investments | | |
| 16 | Loans Made | | |
| 17 | Collections on Loans | | |
| 18 | Other | | |
| 19 | NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES | | (63,735) |

FINANCING ACTIVITIES:

| | | | |
|----|--|-------------|-------------|
| | <i>New Borrowings:</i> | | |
| 20 | Long-Term | | |
| 21 | Short-Term | | |
| | <i>Debt Reduction:</i> | | |
| 22 | Long-Term | | |
| 23 | Short-Term | | |
| 24 | Net working capital paid to Parent | (1,684,139) | |
| 25 | Dividends Paid | | |
| 26 | NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES | | (1,684,139) |
| 27 | NET INCREASE (Decrease) IN CASH | | - |
| 28 | CASH AT BEGINNING OF YEAR | | - |
| 29 | CASH AT END OF YEAR | | - |

SUPPLEMENTAL DISCLOSURES:

Non-cash Investing and Financing Transactions:

| | | | |
|----|--|--|------------|
| 30 | ..... |  |  |
| 31 | ..... |  |  |
| 32 | ..... |  |  |
| 33 | Interest Paid (Net of Amounts Capitalized) | | 130,734 |
| 34 | Income Taxes Paid | | \$ 508,393 |

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